

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F97000004498**

1. Corporation Name

**TAMTRE REALTY CORP.**

Principal Place of Business

PO BOX 970515  
BOCA RATON FL 33497

Mailing Address

PO BOX 970515  
BOCA RATON FL 33497

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/26/1997**

5. FEI Number

**11-3006598**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	TAMBASCO, LEONARD III	2428 RIO DE JANERIO AVE	PUNTA GORDA FL 33983
S	TAMBASCO, ANDREA III	2428 RIO DE JANERIO AVE	PUNTA GORDA FL 33983

8. Name and Address of Current Registered Agent

TAMBASCO, LEONARD  
2428 RIO DE JANERIO AVE  
PUNTA GORDA FL 33983

9. Name and Address of New Registered Agent

Name

**Leonard Tambasco**

Street Address (P.O. Box Number is Not Acceptable)

**22355 Collington Dr**

Suite, Apt. #, Etc.

City

**Boca Raton**

State

**FL**

Zip Code

**33428**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**12/17/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/17/98**

Daytime Phone #

**800 509 0357**

**FILED**

**98 DEC 21 AM 10:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 98**

CR2E040 (3/98)